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AUTHOR Kropenske, Vickie, Ed.
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ABSTRACT

This manual provides assistance for Head Start managers and caregivers in providing support for substance-abusing families. The manual builds on the Head Start Substance Abuse Circle of Capacities continuum, which addresses areas of: (1) staff preparation and support; (2) prevention and family wellness; (3) early intervention, referral, and support; and (4) community collaboration and partnerships. The chapters in the manual are: (1) "Introduction: Substance Abuse among Families," including an overview of the problem and suggestions for identifying alcohol and other substance abuse, and special services; (2) "Substance-Abusing Parents: Characteristics of Parents Involved with Addiction," a discussion of the nature of parental addiction and how it affects the ability to parent; (3) "Children of Substance-Abusing Parents: Special Risks," including newborn and infant complications and developmental issues; (4) "Comprehensive Family Assessment," focusing on information gathering, home visits, and observations; (5) "Areas of Assessment," including determining attitudes and feelings, along with assessment of the infant and child, parents, home environment, relative caregivers, and foster parents; and (6) "Working with Children in a Preschool Setting," which discusses classroom organization and the role of Head Start staff in working with children from substance-abusing families. (BGC)

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Supporting Substance-Abusing Families:

A Technical Assistance Manual

For The

Head Start Management Team



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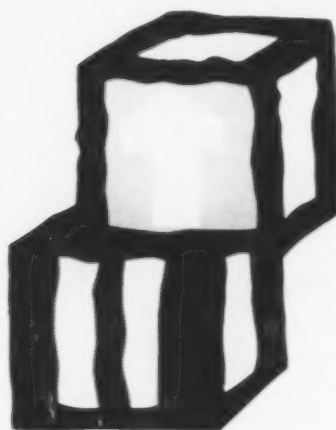
Government Project Officer: Susan Weber, Special Assistant to the Commissioner, Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Head Start Bureau, Room 2223, 330 C Street, SW, Washington, DC 20201.

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The following authors contributed to the content of this manual:

Vickie Kropenske, Editor
Cheryl Breitenbach, M.D., Assistant Professor
Susan B. Edelstein, M.S.W., Social Worker
Judy Howard, M.D., Professor of Pediatrics
Katherine K. McTaggart, M.A., Consultant, Substance Abuse Prevention Specialist
Annette Moore, M.A., Consultant
Mary Beth Sorenson, M.S.W., Social Worker
Rachelle Tyler, M.D., Clinical Instructor

UCLA School of Medicine, Department of Pediatrics, Los Angeles, California

and

Virginia Weisz, J.D., Directing Attorney

Children's Rights Project, Public Counsel, Los Angeles, formerly of UCLA's
Department of Psychology, Los Angeles, California

HEAD START SUBSTANCE ABUSE CIRCLE OF CAPACITIES

In order to help families who are involved with the abuse of alcohol, tobacco and other drugs, as well as those who are at risk of involvement, Head Start programs need to develop a continuum of services, as illustrated in the Head Start Substance Abuse Circle of Capacities. This continuum should address four major areas: (1) Staff Preparation and Support; (2) Prevention and Family Wellness; (3) Early Intervention, Referral and Support; and (4) Community Collaboration and Partnerships.

1. Staff Preparation and Support

Fundamental to any Head Start program is the preparation and support of staff in order to enhance their ability to meet the needs of Head Start families and children. Roles and responsibilities included are:

- making staff aware of the problem of substance abuse;
- providing education regarding the nature of chemical dependency and its causes, as well as training in methods of working with families to support their needs;
- offering opportunities for staff healing and wellness; and
- strengthening line staff supervision to ensure that they have the support and direction necessary to meet the needs of families.

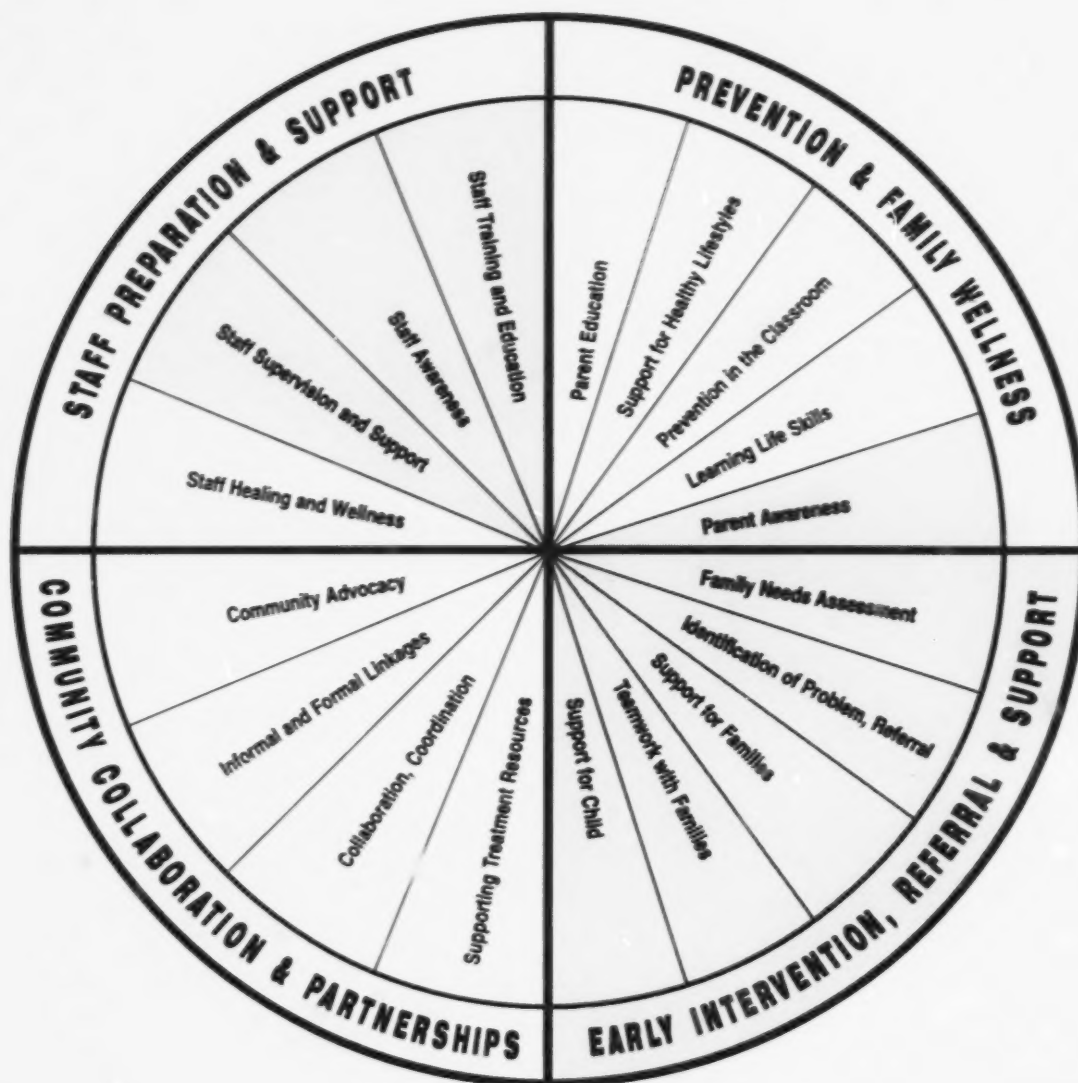
2. Prevention and Family Wellness

Head Start programs can enhance family wellness and the capacity to prevent the abuse of alcohol, tobacco and other drugs through the support of family resiliency. Roles and responsibilities included are:

- providing a wide range of activities to support a healthy lifestyle among Head Start families;
- providing family education in health and wellness;
- supporting the development of effective parenting and adult life skills; and
- increasing family awareness of the problem of substance abuse.

3. Early Intervention, Referral and Support

Providing early intervention requires developing the capacity to help families identify substance abuse issues, to refer them for treatment and other services, and to support them as they recover. Roles and responsibilities include:



HEAD START SUBSTANCE ABUSE CIRCLE OF CAPACITIES

The content of this manual addresses the shaded areas in the circle.

- enhancing the family needs assessment to address concerns of substance abuse;
- helping families to identify their problems and referring them to treatment;
- teaming within Head Start and with outside agencies to help families access well managed services which are responsive to their multiple needs;
- supporting children affected by substance abuse who experience stress, abuse, violence, and a lack of nurturing; and
- supporting families in substance abuse treatment and recovery.

4. Community Collaboration and Partnerships

Programs promote community collaboration strategies by strengthening the capacities to develop partnerships with family support networks and treatment resources. Roles and responsibilities included are:

- promoting and strengthening both formal and informal linkages with family support groups and programs;
- advocating for improved community services to help families involved with substance abuse, as well as for development of a stronger community response in preventing the abuse of alcohol and other drugs;
- developing and strengthening collaborative partnerships with other community resources, so that Head Start becomes an integral part of a community-wide approach to helping families; and
- seeking out and supporting effective community-based treatment resources, especially those for women with families.

Each of these capacities is part of a continuum or circle of roles and responsibilities which Head Start grantees need to develop and sustain as part of their ongoing programs. A Head Start grantee can enter the circle at any point that seems appropriate and that matches its current interests and needs. Once a grantee enters the circle, it is helpful to assess needs and capacities around the circle in order to carry out those program roles and responsibilities which currently may be missing from the program.

This manual addresses the following roles and responsibilities, which appear shaded in the Head Start Substance Abuse Circle of Capacities:

- Early Intervention, Referral and Support (all roles and responsibilities);
- Staff Preparation and Support (awareness, training and education, and supervision and support);
- Prevention and Family Wellness (awareness, training and education, and supervision and support).

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PREFACE

Most staff of programs that serve families with young children can expect to encounter parental abuse of alcohol and other drugs. The purpose of this manual is to help the Head Start Management Team and other staff become more knowledgeable about substance abuse and its impact on children and parents. One of the fundamental components of Head Start programs is to help families identify specific needs and seek appropriate services to meet those needs. This manual is specifically written to provide a framework of information and strategies appropriate to Head Start which addresses issues of substance abuse. By understanding the nature of addiction and its impact on parents and children, Head Start staff can become more sensitive to the issues with which many substance-abusing families struggle and better assist families in obtaining the range of services that they may require.

This manual will provide:

- An overview of the problem of substance abuse;
- A review of the characteristics of substance-abusing parents and children growing up in households where alcohol and/or other drugs are abused;
- A description of approaches to assessment of families who are or may be involved with abuse of substances;
- Strategies for working with children in a preschool setting.

By reviewing the information presented in this manual, Head Start Management Teams will have a better understanding of substance abuse and families. This will enable the management teams to assess their programs, including staff qualifications, responsibilities and training, and to develop an approach to the problem of substance abuse as experienced by Head Start families, children, and communities.

I. Introduction:

SUBSTANCE ABUSE AMONG FAMILIES

In order to better assist families where parental abuse of alcohol or other drugs is present, it is helpful for program staff to have a basic understanding of:

- Substance abuse and its impact on family functioning
- Methods for identifying a parent who has a substance abuse problem
- Special services that can be of benefit to substance-affected family members

ALCOHOL AND OTHER DRUG ABUSE: A BASIC OVERVIEW OF THE PROBLEM

No specific cause of addiction has been identified. However, there are factors that seem to influence this behavior. Certain patterns of experiences, for example, seem to be common among those who abuse alcohol and/or other drugs. Substance-abusing parents often have other serious issues which have affected their lives, especially if they grew up in families where substances were abused. For example, many women who enter substance abuse treatment programs report that they suffered physical, sexual, and/or emotional abuse as children. Other studies have shown that substance-abusing women also indicate that they have fewer friends and more intense feelings of loneliness than non-drug-abusing women. Additional factors that may influence an individual's use of alcohol and/or other drugs include pressure from peer groups during middle childhood, adolescence, and/or early adulthood; academic and/or learning difficulties; low self-esteem; and a cycle of adverse circumstances that brings about feelings of hopelessness.

It is important to remember that not all persons who have experienced the events described above go on to develop problems with alcohol and/or other drug abuse. Regardless of their backgrounds, though, individuals who do become substance abusers share a common disorder that interferes with almost every aspect of their lives.

Substance abuse is a problem that generally can be characterized by overriding need: the alcoholism or addiction becomes the most important ongoing element of the addicted individual's life. Alcohol dependency, for example, has been described as compulsion, loss of control, and a continued consumption of alcohol despite adverse consequences. The same applies for addiction to other drugs. A key feature of the disorder of addiction is denial. As a result, personal health, financial security, safety, and relationships with others all may be neglected as the substance abuser focuses on sustaining his or her habit.

The Prevalence of Substance Abuse in Families

The prevalence of substance abuse among men and women of child-rearing age is very difficult to determine with any real accuracy. One reason for this is the fact that self-report by an individual who abuses alcohol and/or other drugs may be unreliable, for a variety of reasons. Users may be embarrassed about their substance abuse, in denial about the problem, and/or simply unable to remember the quantity or types of substances consumed during periods of intoxication. A further complicating factor is the fact that most persons who abuse drugs are polysubstance abusers (i.e., they use more than one drug), and the majority of drug abusers today include alcohol among the range of substances they use.

However, some information has been collected. For instance, one study conducted between 1985 and 1988 indicated that approximately 25% of pregnant women and 55% of non-pregnant women surveyed reported some use of alcohol, with an average of 4.2 drinks per month for pregnant women and 8.7 for non-pregnant women. This report noted that women who were smokers, single, less educated, and younger reported the heaviest consumption of alcohol. With respect to other drugs, in 1990 it was estimated that five million women of childbearing age within the United States used cocaine. Again, exact figures are difficult to obtain.

Figures regarding the number of alcohol- and other drug-affected infants who are born annually have presented even more challenges. One study estimated that over 7,000 children are born with Fetal Alcohol Syndrome each year, but this report did not address the numbers born with less pronounced effects related to their mothers' alcohol consumption during pregnancy. Reports of the number of infants born prenatally exposed to cocaine have ranged from 91,500 to 240,000 annually. However, these figures do not address prenatal exposure to heroin, methamphetamine, phencyclidine (PCP), and other substances of abuse.

The Impact of Substances of Abuse on Mental Status

In addition to the background experiences that substance-abusing parents bring into the family environment, the various substances of abuse have an impact on the user's mental state. The following paragraphs provide a brief explanation of the more general effects of alcohol and other drugs.

■ **Alcohol.** Alcohol is a depressant that interferes with thinking and motor control. The user may experience a lack of inhibition, which in turn may result in aggression.

■ **Stimulants.** Stimulants, such as cocaine and methamphetamine, produce feelings of alertness and heightened energy levels with decreased anxiety and social inhibitions. This acute drug effect generally is followed by a "crash," during which users commonly become unable to experience pleasure, take limited interest in their environments, and have very low energy levels. Stimulants also may cause sleep disturbances and, to offset these effects, some users may turn to sedatives, opiates, marijuana, or alcohol to ease agitation and induce slumber.

■ **Opiates.** Opiates, such as heroin and methadone (a synthetic opiate), are depressants that produce feelings of well-being in the user, along with episodes of drowsiness. Heroin withdrawal symptoms are more violent physiologically than those associated with stimulants. They may include strong muscle contractions, intense perspiration, writhing, and nausea. The classic opiate withdrawal is an extended state during which the user experiences an ongoing desire to alleviate his or her symptoms through repeated administration of the drug.

■ **Phencyclidine (PCP).** PCP (often called "angel dust") is an inexpensive synthetic drug that may produce a wide range of behaviors, ranging from delirium tremens and acute psychiatric illness to sedation, super-human strength, violent acts, aggression, or a heightened state of euphoria.

■ **Marijuana.** Marijuana is a substance that can cause restlessness and a dreamy relaxed state, as well as rapidly fluctuating emotions and hallucinations. Some users exhibit slowed reflexes, a decreased ability to concentrate on tasks, and short-term memory impairment.

Given the behavioral effects of the commonly abused substances described above, it is clear that addiction to any of these drugs, either alone or in combination, is likely to affect an individual's ability to function in a responsible and thoughtful manner, especially as it may relate to the complexities of day-to-day responsive parenting.

■ IDENTIFYING ALCOHOL AND/OR OTHER DRUG USE

The first step in determining a substance-abusing family's need for services is to identify the problem. Through careful observation of parents and children, Head Start staff can learn to better recognize a substance abuse problem within a family. Such opportunities for identification may occur throughout the family's involvement with the Head Start program and may take place during any of the following activities:

- Recruitment and enrollment
- Health assessments
- Family needs assessments
- Parent education sessions
- Home visits
- Transportation to and from Head Start programs
- Case conferencing
- Center committee meetings
- Classroom activities
- Informal conversations between staff and parents and/or children

Observations of Parents:

Physical and Behavioral Indicators of Adult Substance Abuse

The physical and behavioral indicators for specific substances of abuse have been described previously within this chapter. To summarize, physical signs and symptoms that are highly suggestive of adult abuse of alcohol or other drugs include:

- Skin lesions such as abscesses or needle track marks consistent with intravenous drug use
- Alcohol on the breath
- Altered mental status consistent with drug or alcohol intoxication, such as extreme agitation or lethargy
- Slurred speech
- Withdrawal symptoms
- The presence of drug paraphernalia
- Mood swings
- Severe weight loss

In addition, there are more indirect indicators that may or may not be due to substance abuse but that should be evaluated because they may be associated with a wide variety of family problems, including substance abuse. These more general signs and symptoms include:

- Absentee parents
- Frequent missed appointments
- Frequent late arrival at school
- Frequent late pick-up at the end of the day
- Lack of communication with Head Start staff regarding arrangements for children
- Arrest of a parent
- Resistance to sharing information about the family or to schedule in-home visits

In assessing these more indirect indicators, Head Start staff need to identify the reasons why they are occurring in order to make appropriate referrals for needed services.

Observations of Children:

Physical and Behavioral Signs That May Indicate Parental Substance Abuse

The first indication of parental substance abuse may be seen in the behavior or appearance of children. It is often the case that children whose parents abuse alcohol or other drugs may demonstrate a number of behaviors which indicate that they are under stress or may not be receiving the adequate nurturing. Such indicators include:

- Frequent absences
- Multiple caregiving placements
- Frequent moves
- Lack of health care
- Mention of alcohol or other drugs, or parental intoxication to peers or teachers
- Sudden emotional or mood changes
- Withdrawal
- Acting-out behaviors
- Play activities that mimic alcohol and/or other drug use
- Poor hygiene
- Inadequate or inappropriate clothing (e.g., attire that is too warm, not warm enough, or too expensive)

Again, although these characteristics may be associated with parental substance abuse, they also may be related to a wide variety of other family problems. Each individual situation must be evaluated in order to determine how Head Start staff can best help the child and family.

SPECIAL SERVICES THAT HELP ADDRESS PARENTAL SUBSTANCE ABUSE

Parents who abuse alcohol and/or other drugs may approach treatment with what appears to be a great deal of ambivalence. It is important to recognize that not all substance abusers are ready or willing to accept treatment even after they acknowledge their addiction. However, there may be many reasons for a parent's seeming resistance to seeking treatment. In some cases, a substance-abusing spouse or significant other may discourage a parent from pursuing sobriety. Some parents may be afraid of the consequences of this major lifestyle change (e.g., developing new, sober friendships; possibly moving to a different neighborhood; giving up the pleasurable aspects of intoxication; and facing life's challenges without that "crutch"). Other parents may fear failure after having made previous unsuccessful attempts at treatment.

A critical reason why many women choose not to participate in treatment is the fear that they will have their children removed from the home. Frequently, treatment programs available may not be appropriate for the individual parent — for instance, many programs are set up to accommodate men and do not even accept women who have young children. They may not provide adequate and nurturing care for young children while the woman is in treatment. Finally, some communities lack substance abuse treatment programs altogether.

Pre-Treatment/Early Intervention

Whatever a substance-abusing parent's situation may be, the pre-treatment phase is a significant one. During this time, many individuals may benefit from educational services that address the disorder of addiction. The effects of alcohol and other drugs on parental health, the fetus, and the family are described. Supportive and motivational group sessions can give substance abusers an opportunity to learn about their problem, discuss their feelings and fears regarding treatment in a non-threatening atmosphere, and learn that they are not alone. Pre-treatment discussions often help substance abusers more readily decide that they cannot deal with their problem alone and that they need a formal alcohol and/or other drug treatment program. Such pre-treatment services are increasingly being recognized by professionals as a sensitive means of encouraging substance-abusing parents to enter treatment voluntarily.

Head Start programs offer activities and interactional opportunities with parents which are characteristic of a pre-treatment environment. Head Start staff have the kind of relationships with parents which encourage them to discuss their problems and needs. Head Start staff need training in how to encourage and support those specific interactional opportunities which will assist parents with substance abuse problems.

Treatment and Relapse

Enrollment in a substance abuse treatment program is the next important step in recovery. However, it is important for Head Start staff to understand that relapse is a significant element of the recovery process. Further, the formal treatment program, even when it proceeds relatively smoothly, may take as many as nine to eighteen months. It may be useful for Head Start staff to discuss the recovery process with substance abuse treatment specialists in order to learn about the usual course of treatment, strategies that can help to prevent relapse, and signs and symptoms of relapse.

After-Care

Following a parent's completion of an alcohol and/or other drug treatment program, they begin a period of after-care. Head Start staff should be aware that after-care is an important element of the recovery process, one that helps facilitate and support ongoing sobriety. Typically, after-care may involve attendance at self-help meetings (e.g., Alcoholics Anonymous, Narcotics Anonymous, or Cocaine Anonymous), as well as periodic indi-

vidual, family, or group counseling. On a long-term basis, relapse prevention during the after-care phase also may include mental health counseling to help parents address underlying issues, such as sexual assault and/or incest, domestic violence, self-concept, sexual identity, behavior disturbances, and co-occurring mental health disorders.

During the treatment and after-care phases of intervention, Head Start programs can work with treatment programs to provide a supportive and nurturing environment for parents and children at various stages of recovery.

SUMMARY: THE ROLE OF HEAD START STAFF

Head Start staff can play a significant role in supporting substance-abusing families. As a community-based effort that is sensitive to cultural differences and has a family-centered focus, Head Start often is able to reach these families in a way that other programs cannot. By providing a consistent, safe, and nurturing environment for young children, Head Start staff make one of the most important contributions to substance-abusing families' overall well-being. The support network that Head Start staff offer to all families, including those affected by alcohol and/or other drug abuse, has been shown to have a positive impact on family health and child development.

II. Substance-Abusing Parents: CHARACTERISTICS OF PARENTS INVOLVED WITH ADDICTION

While many Head Start families are under stress and face a variety of problems which make them more vulnerable to substance abuse, the majority of Head Start families do not have problems with addiction. These families can best be supported by the basic Head Start strategies to strengthen families in their capacity to nurture their children, to help parents develop economic self sufficiency, and to assist parents with opportunities for personal development.

However, it is likely that all Head Start programs have some families who are involved with addiction to alcohol or other drugs. Some Head Start programs may have significant numbers of families affected by this problem, as well as large numbers of families who live in neighborhoods where the economics of buying and selling drugs increases the violence and instability of these communities. Therefore all Head Start staff need to know about the problem of addiction, how to identify it, and how to support families in ways that help them to address it.

Many substance-abusing parents are sincere in their desire to meet their children's needs, but they are limited in their ability to do so. Substance abuse can profoundly impact a parent's capacity to provide the consistent nurturing and hands-on care that children require in order to thrive. Head Start staff need to be aware of the nature of substance abuse and the unique characteristics and problems of parents who abuse alcohol and/or other drugs, so they can support services for families which are appropriate and adequate.

Addiction is a problem that affects all aspects of an individual's personal and family life. Strategies for intervention, therefore, generally acknowledge three basic assumptions:

- A true addiction becomes the central organizing force around which the life of the substance-abusing individual revolves, and it affects every significant aspect of that person's functioning.
- The addiction of even one family member, particularly if that person happens to be a parent, is likely to have a profound impact on the lives of all members of that family.
- The addicted parent often has a range of serious problems, some of which may predate his or her alcohol or other drug use and some of which may be the consequence of it. *All* of these problems need to be addressed if intervention is to succeed.

THE NATURE OF ADDICTION

The impact of alcohol and other drug abuse varies widely from individual to individual. However, the following characteristics seem to be fairly universal, regardless of the drug or drugs of choice, and can help us to understand the nature of most chemical dependencies. By building upon this understanding, professionals will be better equipped to design realistic service plans that are more likely to be effective.

■ **Addiction is progressive.** People do not set out to become addicts or alcoholics. First-time users universally resist the notion that they could ever become dependent on any chemical. It is with an accumulation of time and experience that the casual user becomes chemically dependent and that life can no longer be endured "clean and sober."

Experimental Use. Early use is described as experimental. The user generally is motivated by curiosity or social pressure to try substances reputed to alter ways of thinking and feeling. Use during this phase is occasional, frequently unplanned, and involves little, if any, reorganization of lifestyle to accommodate it. Similarly, there may be no detectable deterioration in health, relationships, or ability to function as expected.

Recurrent Use. Many users believe they can sustain a level of use that they consider to be "recreational." However this term is misleading. Because this type of use is both planned and more frequent than experimental use, increased amounts of time, thought, energy, and money go into the acts of "scoring" and using. Users never really have control of their behavior, although they believe they do. One's social life may revolve around getting high, and peer relationships often change accordingly. The costs, both economic and personal, escalate as the ability to function at school or work declines and mood swings become more prominent. Tolerance to the original drug of choice may develop, a problem remedied either by using larger amounts of the same drug or recourse to "harder" drugs that will produce a more intense experience. As solitary use tends to increase, an increased emphasis is placed on simply getting high, rather than on the social experience of "partying" with one's peers. The user becomes increasingly preoccupied with drug use and may turn to dealing or other criminal activity to support a growing dependency on more potent and expensive drugs. Deterioration in all significant areas of functioning occurs.

Dependency. Dependency, or addiction, is said to exist when the user can no longer manage life without getting high. Use may occur continuously or in binges, but the substance plays such a central role in the individual's life that everything else tends to revolve around it. Whether the dependency is psychological or physiological, the effects that it has on health, finances, relationships, and emotional stability are profound. The user finds it increasingly difficult to perform even ordinary tasks, and judgement at this stage can be severely impaired.

■ **The onset of addiction is insidious.** Chemical dependency sneaks up on the individual, and he or she is often not the best judge of his or her own addiction. The lines drawn

by professionals to note phases of alcohol and other drug use are, in reality, blurred. Precisely when the user moves from one phase to the next depends upon many factors, including:

- Physiological and psychological make-up
- Drug of choice
- Means of ingestion
- Prior history

A dependency can evolve over a long period of time (months, or even years) or, as many crack addicts report, it can occur over the course of a weekend.

■ **The earlier the person starts to use, the more likely that person is to become addicted.** Although there certainly are exceptions to this rule, children who are introduced to alcohol or other drugs while still very young are generally more susceptible to heavier use and abuse than people whose experimentation begins at a later age.

■ **Anyone can become an addict.** Addiction cuts across all racial, social, and economic lines. No one is immune. Although some individuals seem to have a higher threshold of addiction than others, exposure to the right substance of abuse under the right circumstances (times of stress, loss, pain, or boredom) has the potential to seduce anyone into a true addiction.

■ **Addiction is a family problem.** Addiction is a problem which can be found across generations of families. Family behaviors and patterns of functioning are learned and passed on from parent to child. Children of drug-dependent and alcoholic parents may learn to cope with unpleasantness in their lives as their parents have done before them, by taking substances into the body to effect a change in mental status. In most cases, a seriously addicted family member profoundly affects the lives of all other family members, either because they suffer the consequences directly through lack of attention to basic needs, or indirectly through adjustments they make to endure the presence of the addicted family member.

■ **Denial is intrinsic to the problem of addiction.** It is well known that the substance abuser generally denies that there is a problem or minimizes its extent, and that this denial can persist even unto death. It is less well known that the entire family, to protect its integrity and tenuous ability to function, often also denies the existence and impact of the addiction.

■ **Addiction is a systemic problem.** Addiction affects every aspect of the user's physical, emotional, and social life. Health is affected, work and school are affected, and relationships are affected. With chronic abuse, no significant area of functioning remains untouched.

■ **Addiction often afflicts those who are already the most vulnerable and the least equipped to cope.** Often those most severely impacted by substance abuse are persons who grew up in highly vulnerable families who were not able to offer them the nurturing and protection they needed. Such individuals, who may already be struggling to cope with difficult stresses, are then even more vulnerable as a result of their drug use. Thus, they tend to come to treatment with many serious problems which require a wide range of services.

THE SUBSTANCE-ABUSING PARENT

The preceding description of the nature of addiction provides a background for better understanding the characteristics and needs of substance-abusing parents. The following portrayal of characteristics of the "typical" parent who is addicted to alcohol or other drugs is intended to sensitize staff to the issues with which many parents struggle. While not all addicted parents will have all these characteristics, it is important for Head Start staff to consider them as possible indicators and to be sensitive to their presence in the lives of Head Start families.

Childhood Deprivation

Many addicted or alcoholic parents report histories of significant childhood deprivation. Often, these histories include an early home life marked by family violence, parental substance abuse, or parental mental illness. Parents who grew up in such environments often report deprivation in many areas of their lives — economically, physically, socially, and emotionally.

In families where early caregiving was inadequate, parents often were poorly nourished as children; they may not have been provided with necessary health care, and their educational and emotional needs may have been neglected. Thus, as adults and parents, such individuals often have numerous and chronic medical, dental, mental health, and educational problems that require attention. Developmental assessments, educational testing, and speech and other therapies that were needed and overlooked during childhood can result in serious deficits that last a lifetime.

Many substance-abusing parents also describe growing up in households where there was a blurring of boundaries between parental and child roles. As young children, such parents often assumed primary responsibility for taking care of household and family needs. While this role reversal may have filled a void or need within the family, most likely it also seriously interfered with the timely acquisition of age-appropriate life skills and experiences. As adults, then, these individuals often have an impaired ability to form truly mutual adult relationships and a healthy self-concept, which are prerequisites to successful parenting.

Parents who experienced childhood deprivation frequently also had emotional and safety needs that went unmet. Adults who grew up in such homes may have difficulty

remembering occasions when warmth and affection were freely and consistently expressed. Parents often report feeling that their needs for comfort, reassurance, and support were met infrequently, if at all. During early childhood, their fears were often disregarded. When they were teenagers, their parents were often inattentive or incapable of maintaining the delicate balance between structure and freedom that adolescents need as they negotiate their way from childhood dependency to responsible adulthood.

Finally, significant numbers of substance-abusing parents report histories of severe neglect, physical abuse, and/or sexual abuse during their childhood and teenage years. As adults, such parents are more likely to become involved in unhealthy and abusive relationships. As one might predict, spousal abuse and domestic violence are, in fact, common occurrences in the lives of adults who seek treatment for alcohol and other drug dependency. Moreover, having grown up in homes where parenting was unpredictable and discipline often abusive, chemically dependent parents frequently are ill-equipped to provide effective parenting for their own children. The risk that they will perpetuate the cycle of abuse or neglect with their offspring is considerable.

Survival Needs

Regardless of socioeconomic status, substance-abusing parents commonly have a range of basic unmet survival needs. While substance abuse among low-income parents often leads more quickly to impoverishment, even successfully employed parents may eventually find themselves homeless or on the brink of homelessness. As a result of their chemical dependency, many substance-abusing parents lack stable housing, food, clothing, and basic personal necessities for themselves and their children. They may live on the street, in temporary shelters, or in sub-standard housing. Furthermore, as noted above, chemically dependent parents also may have extensive and chronic medical problems that require immediate care and often long-term intervention. Often, such parents have little knowledge of how to locate and mobilize needed resources on their own behalf.

Mental Health Issues

A significant percentage of adults who abuse alcohol and/or other drugs suffer from a psychiatric disorder of sufficient severity to require intervention. In some cases, this is an underlying condition — a depression, personality disorder, or psychotic illness that pre-existed the chemical dependency and for which the drug and/or alcohol use was essentially an ill-advised attempt to self-medicate. In other cases, the psychiatric disorder may be the consequence of long-term addiction or alcoholism. In either case, it may profoundly impact the sufferer's ability to function, as well as to benefit from services offered to the family.

As children, many substance-abusing parents experienced periods of parental absenteeism or even parental death. Many recall having been moved frequently from caregiver to caregiver. Such experiences of loss, inconsistency, and perceived abandonment can create feelings of anger, mistrust, low self-esteem, and confusion, which complicate relationships well into adulthood.

Denial

It is virtually a given in the field of chemical dependency treatment that most clients, particularly those who are involuntary, will deny the extent of their substance abuse problem. Thus, the chemically dependent parent usually minimizes the problem, denies its impact upon the family, and resists treatment.

Often, parents also will emphatically deny any alcohol or other drug use whatsoever. In cases of prenatal substance abuse, parents may explain that positive toxicology reports are lab errors or reflect a one-time lapse that occurred, unfortunately, just prior to delivery. At the time of assessment and sometimes well into the course of treatment, it is commonplace for both clients and families to deny the reality of a parent's devastating, long-term, polydrug history.

Often, this denial is tenaciously held and not readily relinquished. Denial and resistance, however, need not be insurmountable obstacles to treatment. Staff need to understand the important role that these defenses have played in the lives of parents. With this realization, it is often possible to work through them to form a supportive and mutually respectful treatment alliance with the parent and the family.

In summary, addiction affects every area of individual and family functioning. It can seriously impair judgement and limits users' ability to take care of themselves and their children. Where substance-abusing parents have histories of deprivation, inconsistency, or loss experienced during childhood years, they will need interventions which help them to change the patterns of family behavior that they learned and that they may be predisposed to pass on to their children.

THE TASKS OF PARENTING AND SUBSTANCE ABUSE

Different types of families (e.g., traditional two-parent families, grandparent/grandchild families, single-parent families, step-families, adoptive families, and foster care families) are capable of assisting children to become competent and self-assured adults, as long as the caregivers assume primary responsibility for both the life support and socialization needs of family members. This can be accomplished in a variety of ways, depending upon family configuration, culture, and subculture. However, when one or both caregivers abuse alcohol and/or other drugs, basic parental responsibilities can be profoundly affected.

■ **Caregivers need to bring in a sufficient income and must manage it so that the family's basic economic needs are met.** Substance-abusing caregivers may expend money on drugs or alcohol and fail to provide for their children's basic needs. Thus, they may not meet their children's nutritional, housing, and medical requirements because their addiction is their first priority. Parents who abuse alcohol and/or other drugs often care deeply about their children, but the special relationship they have with their drug(s) of choice can dominate family finances in a way that is detrimental to all family members.

■ **Caregivers must provide appropriate and consistent discipline so that children understand and internalize the rules of the family and of the culture.** Again, this can be accomplished in a variety of ways, but it must be done in a manner that builds trust, cooperation, and self-assurance. Caregivers who themselves grew up in multi-problem homes often have no model of appropriate discipline and may unconsciously emulate their own parents. Consequently, they may use methods of instructing and controlling their children that inspire fear, anger, and rebellion.

This learned pattern of inappropriate discipline may be further compounded by the effects of a caregiver's own alcohol or other drug use. In substance-abusing families, parental decisions about what is or is not acceptable behavior may vary from one moment to the next, as may judgement about what constitutes an appropriate parental response to certain behaviors. The dramatic mood swings that accompany use and withdrawal, as well as the profound, often chronic, psychiatric disorders that result from long-term substance abuse, can make it virtually impossible for chemically dependent caregivers to exercise good judgement and respond appropriately and consistently to their children's behaviors.

■ **Caregivers are responsible for dealing with community agencies and major social systems, and for making the decisions that affect the well-being of all family members.** Children lack the experience and the legal authority to interact successfully with school systems, housing authorities, health care providers, and other community agencies. It is the caregiver's responsibility to interact with these systems, deciding when and how they need to be accessed in order for family needs to be met. However, substance-abusing caregivers often may be absent, either physically or psychologically, when needs arise. Consequently, many caregivers fail to obtain medical care or needed educational services for their children. They also may forfeit eligibility for low-cost housing, public assistance, vocational rehabilitation, and a range of other services that, if accessed, could greatly enhance the quality of life for all family members. When caregivers fail to accomplish these tasks for their children, tasks that children cannot accomplish for themselves, basic needs go unmet.

■ **Caregivers have the primary responsibility for home maintenance and house-keeping.** Although this is a responsibility that can and should be shared among family members, it ultimately falls to the caregivers to ensure that the home environment is both safe and clean. Substance-abusing caregivers often find it difficult to accomplish the tasks associated with running a household. Basic maintenance and housekeeping tasks are either neglected or left to young children who may lack the skills or motivation needed to accomplish them successfully. When bottles and dishes aren't washed, soiled diapers and garbage aren't disposed of properly, and plumbing isn't operable, then unsafe and unhealthy conditions exist for all family members. This may be further exacerbated by the housing conditions available to low-income families.

■ **Caregivers have the primary responsibility for child care.** While this, again, is a task that can be shared, particularly within large families, the ultimate responsibility for seeing that children's needs are met resides with the caregivers. Although the "parentified" child in a substance-abusing family often does care for younger children, this child almost

certainly lacks the judgement, experience, and maturity to care safely and properly for them over time. It is destructive for older children, as well as for younger siblings, if the responsibility for child care is placed in children's hands.

■ **Caregivers must provide nurturing for one another and for their children.** While loving and caring within families can and should flow freely in both directions between older and younger members, it is the responsibility of the caregivers to make sure that this nurturing is available. Sober and emotionally stable caregivers usually are able to defer their own emotional needs or surmount obstacles such as fatigue and ill health when their children need care and attention. However, substance-abusing parents often become so caught up in the cycle of addiction that they remain largely unaware of their children's basic needs. Children in such families often experience the pain, uncertainty, and loneliness that result from feeling a lack of caring and love.

■ **Caregivers are responsible for maintaining appropriate roles and boundaries within the family.** In healthy families, it is clear to all members precisely who are the adults and who are the children, and who is in charge of whom. Unfortunately, in families where one or both caregivers is a substance abuser, roles and boundaries often are ill-defined. It is not at all unusual in such families to see a toddler ruling the roost with a heavy and tyrannical hand. Sometimes, with boundaries so blurred and roles confused, it is possible to create family environments in which children become victims of incest.

IMPLICATIONS FOR INTERVENTION

With an understanding of the nature of substance abuse, its impact on the life of the individual, and its effects on parenting, professionals are in a better position to develop comprehensive treatment strategies. The substance-abusing parent is a complex person with complex problems, not merely a drug addict or alcoholic who, if no longer using, can then be deemed a treatment success. In seeking to assist families involved with addiction, Head Start staff need to understand the intervention strategies with which they will be involved. Head Start programs cannot handle addiction problems alone, but must understand the larger picture of community services that are available.

Returning to the three basic assumptions that underlie our understanding of addiction, we need to respect the power and tenacity of addiction, the central role that it plays in the substance-abusing parent's life, and the parent's attachment to it. It is unlikely that chemically dependent parents will be able to function effectively on behalf of themselves or their children unless they control their alcohol or other drug use. Intervention must address the parent's substance abuse problem with a full spectrum of appropriate services. We need to offer these services with optimism and with the encouragement that others, as severely impaired as they, have succeeded in becoming sober and drug-free.

Remembering that addiction is not merely the problem of the individual, but that it affects the whole family, we need to involve the entire family in treatment to the fullest

extent possible. Parents who abuse alcohol and/or other drugs, and who are often themselves the products of inter-generational substance abuse, present us with the opportunity to break a cycle of addiction, ineffective parenting, and abuse and neglect. By involving children as well as parents in treatment, we can offer children the opportunity to behave differently in their own lives and not repeat the mistakes their parents and grandparents have made.

Bearing in mind that the substance-abusing parent has multiple, long-standing problems, it is critical that we offer a range of services that address needs which go far beyond substance abuse treatment. We must also respectfully take into consideration those problems that clients themselves feel are most urgently in need of remediation. This requires a comprehensive, cooperative, and creative use of an entire range of community resources. Treatment planning and subsequent intervention must be a collaborative effort.

III. Children of Substance-Abusing Parents: SPECIAL RISKS

As a child enters a Head Start program, he or she has had two major spheres of influence on his or her development. The first is his or her biological background, including prenatal events, conditions of delivery, and, later, illnesses, accidents, surgeries, physical circumstances. The second major influence upon development is the child's environment, including the physical care, nurturing, and support the child has received; his or her contacts and relationships with caregivers, peers, and other individuals; and past experiences in developing a sense of security, autonomy, and trust. In some cases, biological experiences may exert more influence than environmental background; in other cases, environmental circumstances may outweigh biological conditions.

There is a complex interplay between biological and environmental events. This chapter describes the health and development of children who were affected by substance abuse, whether by prenatal exposure to alcohol and/or other drugs, or by living in substance-abusing households.

Throughout this discussion of the common health concerns and developmental patterns that have been observed in children, it is important for Head Start staff to consider the following issues with respect to biological factors:

■ **Polysubstance Abuse.** The majority of substance abusers use multiple drugs or alcohol and other drugs in combination. In some cases, this polysubstance abuse may occur without the user's knowledge, since it is common practice among street dealers to substitute drugs and to "cut" the purity of illicit substances with a variety of adulterants. Further, while parents may report use of only alcohol or another single drug, such statements regarding drug and alcohol use often are unreliable, in part due to parental inaccuracy in recalling their actual drinking or use of other drugs during periods of intoxication.

■ **Range of Outcomes.** Any use of alcohol or other drugs during pregnancy can potentially affect fetal health and well-being. There are no known "safe" levels of prenatal alcohol or other drug use. However, among infants who have been prenatally exposed to these substances, a wide range of health and development patterns have been observed. The medical and developmental complications associated with prenatal substance abuse are discussed in this chapter. Because there is a broad continuum of effects of prenatal alcohol and other drug exposure, outcomes for individual children cannot be predicted.

■ **Multiple Causes.** While there clearly are adverse immediate and long-term effects of substance abuse during pregnancy, there also are a number of other maternal health, nutritional, and lifestyle factors that greatly affect fetal growth and development. These factors also significantly contribute to the increased risk of poor pregnancy outcome.

However, children in substance-abusing families are at double jeopardy: in addition to biological factors, they are also environmentally at risk. The interplay between biological and environmental factors is extremely significant, since biological problems can be aggravated or improved by environmental influences. Moreover, teasing out the contribution of each of these factors to child development is very difficult. Most documentation about the serious side effects of prenatal alcohol and other drug exposure in infants and children has evolved from data on alcoholic and drug-dependent mothers. Little is known regarding the effects of chronic paternal substance abuse. Further, we have limited knowledge about experimental or recurrent drug and alcohol use during pregnancy, in part because the identification of such users is much more difficult. Finally, the standardized measures currently used to evaluate infants and children of substance-abusing mothers are not sufficiently sensitive to subtle behavioral and cognitive deficits.

Keeping in mind the above issues and the fact that many important questions regarding the effects of maternal as well as paternal abuse of alcohol and other drugs remain unanswered, the following sections will discuss the more common complications that have been observed in infants and young children from substance-abusing families. Developmental patterns that have been observed in this high-risk population will also be described. It is important to note that the descriptions contained in this chapter are intended to provide general information. If staff have specific concerns about an individual child, they may need to obtain the appropriate consents to discuss these issues with the child's pediatrician and other service providers.

NEWBORN AND INFANT COMPLICATIONS

Infants may experience a number of medical complications associated with prenatal substance abuse. The following is a partial list of the more common conditions seen in this group of children:

Newborn Behaviors

As early as 24 hours after birth, some infants who have been prenatally exposed to drugs will exhibit a variety of disturbed behaviors, including irritability, tremors or jitteriness, prolonged or high-pitched crying, frantic sucking of hands, uncoordinated sucking, and disturbances in sleep patterns.

Prematurity

Prematurity is defined as birth at less than 37 weeks' gestational age. (A normal pregnancy or gestational period is 40 weeks.) In and of itself, prematurity is associated with a variety of complications that include respiratory problems and subsequent neurological problems (such as cerebral palsy, visual handicaps, and a higher risk for later learning difficulties). Preterm delivery generally occurs in less than 10% of the newborn population. However, the risk of prematurity among substance-exposed infants is higher.

Infectious Diseases

Infants with prenatal substance exposure frequently also are exposed to infectious diseases, either prenatally or at the time of delivery. A mother who has multiple sexual partners, a history of prostitution, or a history of intravenous (IV) drug use is at increased risk of acquiring a variety of infectious diseases. Infectious diseases most commonly seen in infants of substance abusers with multiple sexual partners are gonorrhea, syphilis, herpes, chlamydia, hepatitis B, and acquired immune deficiency syndrome (AIDS).

Fetal Alcohol Syndrome (FAS)

Drinking alcohol during pregnancy may result in a pattern of physical and intellectual birth defects known as Fetal Alcohol Syndrome, which is seen in more than one out of 1,000 births. The diagnosis of FAS in an infant is based upon three factors: low birth weight and/or microcephaly (abnormally small head), abnormal neurological development, and at least two abnormal facial features. Infants who display some of the symptoms associated with Fetal Alcohol Syndrome but who do not meet all of the diagnostic criteria are diagnosed with Fetal Alcohol Effect (FAE). Children who have FAS are different from children who have FAE. Fetal Alcohol Syndrome is a specific, diagnosable entity, whereas the term Fetal Alcohol Effect is used to describe a situation where a child has certain characteristics that suggest prenatal alcohol exposure. A definitive diagnosis for FAE is not possible. Older children with FAS are often mentally retarded. Youngsters with FAE may have motor delays, hyperactivity and impulsivity, and/or impaired learning ability.

Sudden Infant Death Syndrome (SIDS)

Children who were prenatally exposed to drugs may have an increased risk of dying from Sudden Infant Death Syndrome (SIDS). SIDS, more commonly known as "crib death," is defined as the sudden death of an infant under one year of age from unknown causes. We do not know why prenatally substance-exposed infants run a higher risk of dying from SIDS.

Failure to Thrive (FTT)

Children with failure to thrive do not have adequate weight gain and may be slow in achieving developmental milestones. There are both biological and environmental causes for failure to thrive. Biological causes may include problems with feeding (uncoordinated suck), vomiting, and congenital heart disease. Infants whose failure to thrive is due to environmental factors may fail to gain weight because they are not given sufficient protein and calories. This may occur if the caregiver mixes formula improperly, does not feed frequently enough, or fails to respond to the infant's signals when he or she is hungry.

In children who were prenatally exposed to alcohol and other drugs, failure to thrive may be due to both biological and environmental factors. A pattern of poor sucking and distractibility has been observed in many of these children during the first few months of

life. In addition, youngsters who live in multi-problem, substance-abusing families are at increased risk for parental neglect and for receiving inadequate nutrition on a consistent basis.

DEVELOPMENTAL ISSUES

Some infants and young children who were prenatally exposed to alcohol or other drugs are at risk for developmental problems. While Head Start staff are not likely to know enough about a child's early life to determine if the child was prenatally exposed to substances, the Head Start Program Performance Standards address a broad range of health services which can assist the child and family in meeting their current needs. These include: (1) ensuring that children receive comprehensive health services that include a broad range of medical, dental, mental health, and nutrition services to promote their physical, emotional, cognitive, and social development toward the overall goal of social competence; (2) promoting preventive health services and early intervention; and (3) providing children's families with the necessary awareness and skills, and otherwise attempting to link families with ongoing health care systems to ensure that children continue to receive comprehensive health care even after leaving the Head Start program. Since Head Start staff are *not* likely to know which children were prenatally exposed, medical and developmental screening becomes an even more critical tool in early identification of health and developmental problems. This identification is key to ensuring that children receive early intervention services, such as those provided by Head Start programs.

Infants and children who were exposed prenatally to alcohol or other drugs display a wide range of developmental behaviors. It bears repeating that these patterns are the result of complex interactions among biological and environmental factors, and that not all children from substance-abusing families experience developmental difficulties. However, the troublesome behaviors that are most commonly seen in prenatally substance-exposed children include:

Infancy (0-15 Months)

- Feeding difficulties (problems with sucking, swallowing, distractibility)
- Unpredictable sleeping patterns
- Irritability
- Avoidance of eye contact
- Fine motor incoordination (unsteadiness, difficulty grasping objects)

Toddlerhood (15-36 Months)

- Speech delays
- Increased activity levels

- Problems sustaining social interactions with caregivers
- Problems with fine motor coordination and balance

Preschool (3-5 Years)

- Distractibility
- Impulsivity or hyperactivity
- Speech and language delays, both expressive and receptive
- Poor task organization and sporadic mastery of tasks
- Problems with attachment and separation, especially during times of transition
- Poor social skills
- Delays in motor development

As has been stated previously, the above-mentioned characteristics may be the result of other needs or stresses, and not related to prenatal exposure at all.

CONCLUSION

This chapter has highlighted briefly some of the most common biological and environmental problems demonstrated by children from substance-abusing families. This information can be used in two ways. First, it can help staff focus on the types of questions to ask caregivers about the background of children in the program. This, in turn, can provide more information about the children's progress and enable staff to help caregivers begin to understand their children's behaviors. Second, the information can alert staff to potential stresses when there is a new baby in the family who may have been exposed to alcohol and/or other drugs.

Finally, an awareness that each child presents with his or her own unique set of biological and environmental experiences is essential if we are to accurately identify individual emotional, social, intellectual, language, and physical abilities and needs.

Based on this information, the Head Start team can work with family members to develop an individualized plan for each child which incorporates strategies that can be used within the center-based program as well as within the family setting. Although it may seem difficult to focus on each child's own special circumstances, a team approach that incorporates ongoing assessment, regular communication among staff members, and formal periodic review of each child's progress can work.

IV. Comprehensive Family Assessment

Parental substance abuse usually impacts all family members and every aspect of their life together. In order to determine how to best meet the wide-ranging needs of an individual family, it is important for Head Start staff to work together as a team to gather a variety of information about the child, his or her caregivers, and the family's home environment. Such a comprehensive, family-focused assessment can help staff not only identify areas of family need, but also more effectively connect caregivers and children with appropriate services and better support families during recovery.

This chapter begins with a discussion of ways to gather information in situations in which substance abuse is either suspected or acknowledged. Guidelines are then provided for developing a comprehensive assessment that addresses family strengths, resources, and areas of vulnerability. Attention is given to specific points that need to be explored with respect to infants and children, parents, the home environment, relative caregivers, and foster parents.

GATHERING INFORMATION

Gathering information about the extent and nature of the abuse of alcohol and/or other drugs within a family can be difficult if family members do not want anyone to know about their problem. It is not uncommon for individuals who abuse alcohol or other drugs, as well as for non-substance-abusing family members, to deny the problem and resist efforts to address it. Thus, in order to develop a realistic and comprehensive family assessment, Head Start staff need to work together as a team to coordinate their efforts in gathering information from a number of sources. As a supportive relationship is established with the family, family members may gradually become more open about discussing substance abuse and more willing to listen to staff concerns and ideas about setting goals to address the problem.

The Head Start staff team can gather information regarding a substance-abusing family in a variety of ways, including:

- Interactions with parents and other family members
- Visits to the family home
- Observations of the child
- Contacts with other service providers and representatives from agencies that may have been or are currently involved with the family

Interactions with Parents and Other Family Members

During interactions with staff members, it is possible that a caregiver may reveal that he or she has a problem with alcohol or other drugs, or that a spouse in the home has a substance abuse problem. Such an acknowledgment can provide an important opportunity for

initiating a referral to substance abuse treatment or for offering supportive services to help the family cope with the behavior of the substance-abusing household member. In addition, by exploring with the caregiver how the abuse has affected the health, schooling, and social life of each family member, staff may be able to identify additional family service needs.

In their interactions with caregivers, staff also may become aware of possible parental substance abuse through more indirect ways. For example, a parent may not describe problems with alcohol or other drug use but may exhibit behavior or symptoms that are highly suggestive of substance abuse, including:

- Slurred speech
- Alcohol on the breath
- Staggering gait
- Shakiness
- Dilated or constricted pupils

Thus, in assessing families for substance abuse, staff should not rely only upon oral communication. Observation of non-verbal behavior and appearance can be a valuable way of identifying problems with alcohol or other drugs, even when such information is not directly provided by the caregiver.

It is very important, also, to focus on any parental, family, or community strengths on which the parent can draw for support and encouragement.

Visits to the Family Home

Home visits can be another especially important way of gathering information in situations involving parental substance abuse, for a variety of reasons.

- The home environment can reveal a great deal about a family's day-to-day functioning and routines.
- A home visit often provides a more realistic picture of the impact of parental substance abuse on the family system.
- By making home visits, staff can gain a more complete view of the needs of the family as a whole and of individual family members.
- Some caregivers may feel more at ease discussing personal information within a setting that is more familiar and secure.

To make the most out of home visitation and to plan appropriately for all family members, it is important for Head Start staff to set clear goals for each visit. The following are specific kinds of information that can be gathered within the family home:

- Physical environment, both indoors and outdoors (including space for daily activities such as eating, sleeping, socializing, bathing, and playing)
- Food storage
- Safety (including cleanliness, hazards, drug paraphernalia, and so forth)
- Household membership
- Roles and responsibilities of various family members
- Daily household routine
- Availability of age-appropriate toys and books
- Availability of transportation
- Accessibility of resources (including schools, grocery stores, banks, medical facilities, and so forth)

Observations of the Child

Frequently, problems with parental substance abuse become known through comments by the child or through observations of the child's interactions with other children, staff members, or parents. For example:

- A child may demonstrate his or her familiarity with drugs by pretending to inject heroin or smoke crack, or by bringing drug paraphernalia, such as glass cocaine vials, to school.
- A child may comment on his or her parents' behavior relating to alcohol and/or other drug use, participation in treatment, or sobriety.
- Parent-child interactions during program activities or while a parent is picking up or dropping off a child may be suggestive of a substance abuse problem.

Contacts with Other Service Providers

Because of their complex service needs, substance-abusing families frequently are involved with a wide range of community agencies and professionals. These commonly include physicians, nurses, social workers, teachers, members of the clergy, mental health professionals, substance abuse counselors, attorneys, parole and probation officers, and child protective services caseworkers. When a Head Start family is receiving services from such agencies and professionals, it is helpful for staff to contact other service providers directly in order to determine how Head Start can work collaboratively with them to the benefit of family members. In communicating with these sources, however, it is important

that staff be familiar with the guidelines for confidentiality that govern Head Start practice with respect to the sharing of confidential information, as well as those specialized, very stringent, and federally regulated confidentiality requirements that apply to substance abuse.

Areas of Strength

As noted above, it is very important for Head Start staff to focus on the resources within the parent, the family, and the community on which the parent can draw for positive support, insight, and leverage in working to resolve substance abuse issues.

V. Areas of Assessment

Appropriate planning, referral, and advocacy with substance-abusing families begins with a careful assessment of a number of infant/child, parental, environmental, and other caregiver factors. By inquiring about each of these areas, Head Start staff can better determine the priority, level, and types of services needed by the family as a whole. The following section is intended to provide guidelines regarding factors that should be explored as part of a comprehensive family assessment.

Determining One's Own Attitudes and Feelings

Just as do other service providers who work with families, Head Start staff need to become acquainted with methods for assessing potential substance abuse within a family home. A first, healthy step in this direction is to evaluate one's own personal attitudes toward alcohol and other drug abuse. In recognition of the strong feelings that many people have about this subject, it is widely acknowledged that agencies need to provide staff with opportunities to explore and/or share with each other their thoughts and concerns regarding substance abuse within the family setting.

Many factors may influence a staff member's ability to assess the needs of a substance-abusing family:

- First, their training may not have provided them with a knowledge base for understanding substance abuse and its impact on individual and family functioning, parenting, and child health and development.
- Second, they may feel uncomfortable and intrusive when inquiring about alcohol or other drug use and related lifestyle activities because of the legal and moral implications of illicit use.
- Third, stereotypes of alcoholic or drug-addicted individuals may lead staff members to mistake or deny chemical dependency.
- Fourth, staff may have had direct experience with substance abuse on the part of their own family members, friends, or neighbors, and this may have given rise to unexplored feelings and attitudes that can affect objectivity and the capacity to maintain a professional approach.

In order to learn to recognize and identify the abuse of alcohol and/or other drugs within a family, it is strongly recommended that all staff who work with substance-abusing families participate in in-service substance abuse training, and that they receive ongoing consultation to assist them in their work with these complex families. Readily available supportive services can help staff develop sensitivity to the problems of substance-abusing families, an awareness of family needs, and skill in assessing children and parents.

Head Start programs with significant needs in this area should identify and develop an ongoing relationship with a consultant or hire a staff member who is a certified alcohol and drug counselor. This professional could assist in developing strategies for working with families. He or she could also provide clinical guidance to staff regarding specific approaches with individual families.

Assessment of the Infant and Child

It is important to remember that substance abuse within a family can affect all children living in the home. Thus, in order to complete a family assessment, Head Start staff need to gather information not only about the preschool-aged child who is enrolled in the center-based program, but also about other siblings, including young infants, who may be residing within the family home. Further, staff should keep in mind the fact that children may appear to be physically healthy but nonetheless may have developmental and educational deficits. Careful observation of all children in a substance-abusing family is essential in planning for the family as a whole and for making appropriate educational and health care referrals.

Infant Assessment

Drug- and alcohol-affected infants are a vulnerable population of children who frequently have health problems and/or special care requirements. Information about such an infant generally is gathered through observations of the baby, as well as through interviews with the primary caregiver(s) and discussions with involved health care personnel. To understand the infant's needs, staff should seek answers to the following questions:

- Was the infant born prematurely — before 37 weeks' gestational age? (As a result of their early birth, premature infants may have health problems and may require specialized medical care and follow-up.)
- Does the baby have feeding difficulties, sleeping problems, or diarrhea?
- Is the baby irritable and difficult to soothe or, on the other hand, is he or she lethargic?

In rare cases, the baby may have more serious problems with which the parents are struggling. The following observations are needed for medically fragile infants:

- Does the infant require special medication and/or equipment, such as an apnea monitor or oxygen? If so, have caregivers received special instruction or training?
- Does the infant have medical or physical problems (including heart defects or seizures) that could significantly impact critical life functions or require long-term specialized care? If so, is the caregiver able to provide the needed level of care, or are additional supportive and respite resources needed?

Child Assessment

Children can have special needs not only because of prenatal alcohol or other drug exposure, but because they have been raised in environments where these substances are abused. Since the basic care of children in households where caregivers abuse alcohol and/or other drugs often is inadequate, these youngsters frequently have special nutritional, health care, emotional, and educational needs. Furthermore, in comparison with the general population, child maltreatment occurs with greater frequency in substance-abusing families. Fumes from drugs that are smoked may be inhaled by children within the home, children may ingest substances accidentally, and youngsters can be deliberately given drugs or alcohol by substance-abusing adults. In order to ensure that the needs of such children are adequately addressed, Head Start staff should explore a variety of issues, examining both the strengths of the child as well as his or her needs. These issues include:

■ **Health.** Is the child receiving ongoing health care? Does the child have a chronic illness? Are immunizations current? Are there any untreated medical conditions? Is the child's growth patterns within expected ranges, or is there evidence of failure to thrive? If untreated medical problems are present, staff may need to assist with referrals for pediatric care, dental, and/or nutritional services.

■ **Physical care and supervision.** When not in school, how and with whom does the child spend most of his or her time? Does the child generally appear clean and appropriately dressed at school? Does the child have a history of abuse, neglect, or repeated injuries? Substance-abusing caregivers may provide inadequate physical care and supervision. When there are concerns in these areas, it may be helpful for staff to assist the caregiver with locating an after-school placement for the child or explore with the caregiver possible alternate arrangements for child care with other reliable family members or friends.

■ **Development.** What skills and abilities does the child display within the classroom? How does he or she relate to peers at school and to Head Start staff? When behavioral problems, learning deficits, or short attention spans are noted, it is important to remember that such problems are exacerbated by environmental instability. Offering families referrals for substance abuse treatment and programs that assist with financial, housing, legal, and other social stresses can often help to stabilize a chaotic home environment.

■ **Family relationships.** Since role-reversal is common in substance-abusing families, has the young child assumed the role of a parent by performing adult caregiver tasks? If so, what resources are needed to support the family so that the child can be freed from inappropriate and dangerous responsibilities?

Assessment of Parents

Head Start staff need to understand the assessment process which must take place in order to nurture and support a parent into seeking needed treatment. In most cases, Head Start staff probably will only participate in a portion of this assessment before they are able

to move a family to more professionally trained substance abuse counselors or into treatment. However, it is important for staff to understand the complete picture of needed information and the reasons it is needed.

In gathering information about parents, Head Start staff need to be aware of varying patterns of alcohol and/or other drug abuse within a family setting, the pressures that often are exerted by substance-abusing individuals on partners and other family members who do not use, the roles of extended family members and friends, and the financial ramifications of substance abuse in terms of how family income is both obtained and expended. A comprehensive assessment of parents (and, when indicated, other significant adults living within the family home) should address the following areas:

- Substance abuse history
- Drug and alcohol treatment history
- Health and health care
- Mental health
- Awareness of the impact of drug use on the child
- Parenting skills and responsiveness to child
- Work history and education
- Specific strengths for addressing the need

Substance Abuse History

Exploring a parent's history of alcohol or other drug use is important in understanding the chronicity of the problem, as well as for determining which treatment resources are most appropriate for individual parents. While the information obtained during an initial discussion with a parent often is not complete, talking with parents over time frequently provides additional insight into their substance abuse problem. When parental consent has been obtained in a manner consistent with Federal regulations concerning disclosure of such information, communicating with members of the extended family, significant others, and professionals from other agencies also can be helpful for understanding the impact of the parents' substance abuse on the entire family.

To better assist a substance-abusing parent, Head Start staff may find it helpful to explore the following:

- What types of drugs and/or alcohol are currently being used?
- What has been the duration of drug and/or alcohol use?
- What has been the frequency of use?
- What were the circumstances surrounding the most recent episodes of alcohol or other drug use?

- What is the parent's attitude towards treatment?
- Has the parent received support from other family members in seeking treatment?
- What other strengths are there in the parent's life to help him or her address the need?

Drug and Alcohol Treatment History

Once Head Start staff have gathered information regarding substance abuse by a parent (or other significant family member), the next step is to inquire about prior attempts at treatment. The following areas should be explored:

■ **Familiarity with treatment approaches.** Even if the parent has never been in treatment, what does he or she know about recovery programs (including 12-step support groups, methadone maintenance, residential treatment, and outpatient clinics)? Staff can encourage parents to consider treatment by informing them about available types of treatment and resources, and by offering assistance in contacting treatment programs.

■ **Past treatment experiences.** Has the parent ever been in a drug or alcohol treatment program? If so, where and for how long? What was the motivation for seeking treatment, and what were the circumstances under which the parent left treatment? Any indication of motivation should be pursued as a possible strength.

■ **Current participation in treatment.** For parents currently participating in a treatment program, how long have they been enrolled and how often do they attend? What are the hours of the sessions? What child care arrangements have been made? Do other family members support their efforts? What are their feelings about their progress? If a parent does not seem to be making progress, staff may consider asking him or her for permission to consult with the substance abuse counselor.

Health and Health Care

Substance-abusing parents often have health problems related to their abuse of alcohol and/or other drugs. Such problems frequently can adversely affect the parents' ability to care for both themselves and their children. Thus, staff should assess the following:

■ What is the parent's general state of health? Are there any untreated medical problems or chronic illnesses? Substance-abusing parents are at high risk for communicable diseases (such as tuberculosis) and sexually transmitted diseases, including HIV/AIDS. Such parents may need to be referred for medical evaluations. Also, because these diseases are increasing in prevalence, Head Start program staff may want to include information about these common communicable diseases in the educational programs routinely offered to parents.

■ If medical care is needed, does the parent have financial and logistical access to services? If not, staff can offer assistance with applications for Medicaid and help the parent to locate appropriate local clinics and physicians.

Mental Health

The parent's need for mental health services also should be explored. While this may be difficult to evaluate, due to current intoxication or chronic substance abuse, identification of co-existing mental health problems is essential for connecting families with counseling and psychosocial services. In talking with the parent, it is important for staff to determine the following:

- Has the parent ever obtained assistance from a mental health counselor? Has he or she ever been hospitalized for psychiatric reasons? If so, the history of hospitalization, length of stay, and reasons for admission should be explored.
- Have medications for a psychiatric illness been prescribed for the parent? If so, why were they prescribed, and is the parent currently taking the medications? This information is particularly relevant to making an appropriate substance abuse treatment referral, since some substance abuse treatment programs may be reluctant to accept clients who are currently taking medications for treatment of a psychiatric disorder. In addition, a lapse in taking necessary medications or the mixing of prescribed medications with other substances may exacerbate psychiatric symptoms and place both the parent and child at risk.
- Does the parent have a history of violence toward others? Is there a history of domestic violence? Substance abuse, psychiatric problems, and problems with impulse control can be closely intertwined.

Awareness of the Impact of Drug Use on the Child

Another significant area to assess is parents' understanding of the relationship between their substance abuse and their children's care. The willingness of the parent to acknowledge the impact of their substance abuse may indicate their receptivity to services for themselves as well as for their children. Staff should explore the following with caregivers:

- **Daily caregiving.** How do the parents provide for their children's needs during periods of alcohol or other drug abuse and/or in situations of relapse? Do the parents exercise judgement in leaving their children in the care of responsible relatives or friends, or are the children left with strangers or brought along with the parents into dangerous situations?
- **Child abuse and neglect.** Do the parents acknowledge that their behaviors while under the influence of alcohol or other drugs can place their children at risk? Are they willing to seek treatment and other needed services for themselves and their children? In situations where a child is at risk for abuse or neglect, staff will need to report their concerns to the local child protective services agency.
- **Understanding of infant behaviors.** In cases of prenatal substance abuse, how do the parents view the infant's symptoms? Initially, parents may deny that symptoms or other problems exist. Although this initial denial can serve as a protective coping mechanism for parents, continued denial may interfere with the parents' obtaining needed services for the child.

Parenting Skills and Responsiveness to Child

An awareness of a parent's caregiving skills and responsiveness to his or her child is a particularly critical aspect of the assessment process. Because many substance-abusing caregivers themselves were poorly parented as children, they may lack healthy role models for parenting their own children. Staff can obtain much information by listening sensitively to parental comments and by observing parent-child interactions. Such information can help staff ascertain how best to involve parents in Head Start activities as well as determine the need for referrals to parenting education programs or individualized counseling. It can also identify some parenting strengths on which to build an improved parent-child relationship.

Staff observations should encompass the following:

- **Understanding of child development.** How do parents react to their children's behavior? How do they provide praise and discipline? Are the parents' expectations age-appropriate? Parental participation in parent discussion groups may be very helpful when the parents' expectations are incongruent with the children's capacities, or when parents are prone to extremes in physical discipline.

- **Provision of emotional support.** How do the parents respond to their children's emotional needs? For example, how do the parents respond to the children's crying? Is there evidence of affection between the parent and child? Such information may be helpful in identifying the need for therapeutic counseling to strengthen parent-child attachment.

- **Prior history of child abuse or neglect.** Have there been previous child abuse or neglect investigations, or is the family currently involved with a child welfare agency? If a parent has other children in out-of-home placement, what were the reasons for placement and what is the parent's level of interaction with these children? When the family is receiving services from a child welfare agency, it often is helpful for staff to obtain parental consent to talk with agency personnel. By sharing information and working collaboratively, staff may be more effective in their work with the entire family.

Work History and Education

Information regarding parents' work histories and educational backgrounds can help staff better understand the parents' level of literacy and survival skills, as well as the extent to which their substance abuse has had an impact on their day-to-day responsibilities.

- What are the parents' occupations? Are the parents employed? If not, when were they last employed? What is the reason for their current unemployment? Such information will help staff provide appropriate referrals for employment and job training.

- What are the parents' education levels? Do they have difficulty with reading, writing, and/or comprehension? This information is critical to understanding parents' ability to function within community programs and will help staff minimize barriers to appropriate

treatment and services. It also may highlight the need for referrals to literacy, ESL (English as a Second Language), or GED (General Equivalency Diploma) programs.

Assessment of the Home Environment

Much of the information described above may be obtained during discussions with parents outside the family home, but some information can only be obtained through a home visit. While a family's situation may appear to be stable on the basis of interviews within the Head Start setting, a home visit may reveal a somewhat different picture.

Environmental Conditions of the Home

It is important to observe the conditions of the child's home environment. Secure and nurturing living conditions provide a foundation for the child's optimal development, while inadequate conditions can pose risks for illness or accidents. However, here, as in the other assessment areas, sound clinical judgement is of the essence. A family may live in poor circumstances, on the street, or in a shelter due to poverty, bad fortune, or hardship. In other cases, a family's lack of residence or impoverishment also may be due to parental substance abuse. In evaluating the home environment, staff should make note of the following:

■ **Stability.** How long has the family resided at the current address? Is there a pending eviction? Is this a stable residence? Planning for services, especially in-home services, often is dependent upon a family's remaining at a particular address or within a specific geographic area.

■ **Safety.** Are there safety or health hazards? Are there rodents or other infestations? It is important to determine how the family has attempted to remedy these situations, as well as whether the family's housekeeping habits have contributed to these problems. Depending upon the situation, advocacy, homemaking services, or parental education may be needed.

■ **Food.** Is there sufficient food in the home? If not, the family may be assisted by referrals to the food stamp program and for WIC services.

■ **Utilities.** What is the condition of the electrical system, gas lines, water supply, and sanitary facilities? Does the family have a telephone? If not, is there a nearby phone where messages can be left? These factors are particularly critical when a child in the family is medically fragile. Many communities have special programs that provide low-income families with partial payment of utility bills and/or low rates for emergency telephone service. Where these programs are available, staff may be able to help families gain access to them.

■ **Sleeping space.** Has sleeping space been provided for family members?

■ **Clothing.** Is basic clothing provided? For example, do children have clothes that are appropriate for the climate?

■ **Age-appropriate toys, books, and play area.** What toys and books are available for the children? Do they have a safe play space? This information can help staff gain a better picture of the children's daily experiences within the home.

Partners or Parent Substitutes within the Home

Partners or other parent substitutes living in the home may be supportive, stabilizing individuals who can help with caregiving or, at the other end of the spectrum, these persons also may be substance abusers or may be involved in illegal or violent activities. Because substance abuse can lead to a lessening of inhibitions and controls, and because family stresses can increase in connection with the quest to maintain an addiction, abuse of alcohol and/or other drugs by persons living within the home can lead to domestic violence. The family's ability to protect a child and provide for his or her basic needs becomes seriously impaired under such circumstances. In observing the home environment, staff should note the following:

■ Who else lives in the home? What are these individuals' relationships with the children? Do they provide child care?

■ Are others living in the home suspected to be alcoholic or involved with the use, manufacture, or sale of illicit substances?

■ Do others within the home display poor impulse control? Is there evidence of domestic violence?

In situations of domestic violence, staff may be able to provide life-saving help for families by connecting parents with battered women's shelters and counseling programs for abused individuals and individuals who batter.

Family Support Systems within the Community

Another important part of the assessment process includes learning about the family's support system. In many instances, staff may be able to work with individual relatives and friends to ensure that the child is receiving appropriate care when a parent is unwilling or unable to provide it. Further, helping a parent identify resources to rely upon during difficult times may provide an important "safety net" for the child. In talking with parents, staff should explore the following:

■ What are the parent's relationships with extended family, friends, and neighbors? Do family members live in the area? Have family members and significant others been encouraging of parental attempts to make lifestyle changes? In assessing the family support system, staff may find it helpful to obtain appropriate consents to talk with relatives and friends in order to determine their level of commitment and the circumstances under which they will be available to help the family.

- Is the parent involved with a church, temple, or community group? Is there a member of the clergy who can become involved in strengthening and counseling family members?

Relative Caregivers

Relatives are the primary caregivers for some children who are enrolled in Head Start programs. In many cases, such young children have been formally placed with relatives by the legal system. In other instances, children reside with relatives based upon informal arrangements between parents and other family members. In either case, the substance-abusing parent frequently lives in the household, either on a permanent or an intermittent basis. To support such "kinship caregivers" in the care of young relatives, staff need to gather information in the areas discussed below.

Parenting Skills

A careful evaluation of the relatives' ability to meet the children's basic needs is just as important as the parental assessment described earlier. If Head Start has an enrolled child living with a relative of a substance-abusing parent, it is very important for staff to know how to support the relative and the child in this situation. While many relative caregivers are able to provide excellent care, others may not have the energy, resources or commitment to doing so, leaving a child vulnerable to further stress. The following questions should be addressed to determine what are the strengths and needs of relative caregivers:

- **Ability to provide care.** Does the relative have emotional, physical, or intellectual limitations that would impair his or her ability to provide adequate care and supervision for the child? With increasing frequency, grandparents are caring for very young grandchildren, and some of these caregivers are elderly or have health problems. In such situations, it is important for staff to help caregivers locate respite, day care, and other services to assist with day-to-day caregiving responsibilities.

- **Knowledge of child development.** How does the relative respond to the child's behaviors? How does he or she provide praise and discipline? Are expectations age-appropriate? If it has been many years since a relative has cared for a young child, he or she may benefit from participation in a parent discussion group, as well as from enrollment in a parent education class.

- **Relationship with other family members.** How do the relative and the child relate to each other? What has been their prior pattern of interaction? What is the status of the relative's relationship with the child's parent(s) and other significant family members?

Alcohol and/or Other Drug Use

Because intergenerational abuse of alcohol and/or other drugs characterizes so many substance-abusing families, it is important to explore this issue with relative caregivers. By

being aware of potential problems, Head Start staff can help prevent a child from residing in yet another environment affected by substance abuse. In exploring a relative's use of alcohol or other drugs, it is helpful to gather the following information:

- Does the relative have a history of substance abuse? If so, what was the extent of the addiction? How long has the relative been in recovery? What impact has substance abuse had upon this individual's life and functioning?

When a relative caregiver is currently abusing alcohol or other drugs, staff will need to assess many of the same factors described previously in the section on parental assessment.

Quality of the Relative's Relationship with the Parent

The dynamics of the relationship between parents and relative caregivers is frequently complex and difficult to assess. Often, this relationship has implications for the child's physical safety and emotional well-being, especially in situations where there is ongoing conflict between parents and extended family members. In kinship situations, staff should explore the following:

- Is the parent violent or disruptive, such that the relative is fearful about the safety of either the child or him- or herself? In such situations, staff may need to refer the caregiver for legal assistance.

- Does the relative acknowledge that the parent has a substance abuse problem? Does the relative acknowledge its impact upon the child? Such information may help staff to better assess the relative's need for education about the problem of substance abuse, as well as the need for referrals to programs that serve family members of alcoholics and other substance abusers, such as Al-Anon.

- Is the relative so angry with the parent or so "burned out" with the parent's behavior that this is adversely affecting the relative's ability to care for the child or the child's relationship with the parent? Encouraging the relative to become involved in therapeutic counseling services is often helpful in such cases.

Access to Services

A relative caregiver's use of community services should also be examined. Some relatives may be reluctant to access resources because they wish to keep family problems private and may see parental substance abuse as stigmatizing. They may perceive substance abuse as a "moral failure." Other relatives may be unaware of services, unfamiliar with how to use them, and/or unaccustomed to asking for assistance. In order to be certain that relatives are familiar with the resources available to them and that they are able to use these services, it is important for staff to assess the following:

- Does the relative have access to transportation and a telephone? Is there access to medical resources? Is the relative aware of available financial and respite supports and, if appropri-

ate, are these services being received? By advocating for these basic services, staff can help to ensure that children receive needed care and that caregivers are appropriately supported.

Foster Parents

Some children who are served by Head Start programs reside in foster care. For many of these children, foster parents are the lifeline to consistent and stable nurturing. In order to identify services that may be required to support the foster parent who is caring for a child from a substance-abusing family, attitudes towards birth parents and caregiving and family supports should be carefully explored.

Attitudes Towards Birth Parents

A foster parent's feelings and attitudes towards birth parents will greatly influence the child's feelings about his or her parents, as well as the child's own self-esteem. Staff should assess the following:

- What is the foster parent's attitude toward addiction? Does the foster parent believe that substance abuse problems are treatable? If foster parents have a hopeless and punitive attitude towards persons who abuse alcohol and/or other drugs, this can negatively affect a child's perception of his or her biological family.

- Is the foster parent appropriately supportive of the relationship between the substance-abusing parent and the child? When there are concerns about a foster parent's attitudes towards birth parents, staff may need to talk with the child protective services worker involved, as well as facilitate referrals for further education and guidance for the caregiver.

Caregiving and Family Supports

Because many children from substance-abusing families have special medical or educational needs, it is critical to assess the foster parent's experience in caring for special-needs children, as well as the supports available for the foster family.

- If the child has special needs, how is the foster family handling the increased stress caused by this placement? Are the child's special needs creating excessive stress for other children in the family? Are supports in place to help with caregiving and to provide respite?

- Does the foster parent have access to necessary pediatric and sub-specialty care, or does he or she need advocacy and referrals for such services?

- Is the foster parent able to identify the child's positive attributes? Are difficult behaviors personalized? Are expectations age-appropriate? When there are difficulties in these areas, a foster parent may require counseling and education to help him or her find strengths within the child, understand the dynamics that underlie the child's behavior, and learn how best to help the child with these problems.

VI. Working with Children in a Preschool Setting

By the time they enter a preschool setting such as Head Start, children usually are developmentally ready for a center-based program where they will meet new friends, develop relationships with adults other than their parents, and learn about sharing, communicating, and meeting the expectations of others. These preschool experiences will help to foster success as the children prepare to enter kindergarten. They also form the foundation of the children's approach to the world outside their home.

Over the years, the Head Start Bureau has consistently taken a creative approach in meeting its mission of promoting comprehensive child development and family support services for young children and their families. This chapter focuses on the ways in which Head Start staff can help meet the special needs of children who live with substance-abusing families or who may have been exposed prenatally to alcohol and/or other drugs. In particular, the Head Start mental health curricula for staff and families are important to note: *Mental Health in Head Start: A Wellness Approach* for staff, and *As I Am* for children.

There is strong evidence that in some cases prenatal substance abuse can produce complications that range from spontaneous abortion and stillbirth to prematurity, impaired fetal growth, mental retardation, and learning problems. However, it is important to remember that not all children who were prenatally exposed to alcohol or other drugs have problems with long-term development. We do not yet have the expertise to determine why some children experience problems related to prenatal substance exposure, while others seem to remain unaffected by their mothers' abuse of alcohol or other drugs during pregnancy.

In considering the long-term development of children whose parents use alcohol and/or other drugs, we must take into account the interplay between biological and environmental factors that influence behaviors, just as we do with all children who are at high risk for developmental problems. Within the average Head Start population, it is difficult to differentiate between those specific behaviors that may be attributed to environmental influences and those that stem from biological causes. It is clear that long-term behavioral patterns are influenced by environmental conditions, and experience has shown that instability, disorganization, and emotional upheaval within the family environment can place a child at risk for developmental difficulties. We also know that children who are reared in organized, supportive, and nurturing environments tend to perform better at school and develop healthier relationships with other persons later in life. This is where Head Start staff can make a positive difference in the lives of substance-affected children and their families.

There is no specific constellation of behaviors that can be used to diagnose the effects of living in a substance-abusing environment. Thus, each individual child must be assessed

with respect to his or her own unique set of abilities and needs.' However, many children from substance-abusing families demonstrate some of the following problem behaviors:

- Distractibility
- Impulsivity or hyperactivity
- Speech and language delays, both expressive and receptive
- Poor task organization and sporadic mastery of tasks
- Problems with attachment and separation, especially during times of transition
- Poor social skills
- Delays in motor development
- Poor play skills

A number of strategies have been shown to be effective in addressing these difficult behaviors, some of which are addressed below.

CLASSROOM ORGANIZATION

The atmosphere, physical setting, and daily routine are important in promoting a positive learning experience for any child. The *As I Am* curriculum lists a number of suggestions for effective classroom organization. For a child who resides with a substance-abusing family, it is especially important to build in opportunities to foster self-esteem, learn about self control, and experience success in program activities. Further, when a child demonstrates any of the behaviors listed above, a well-thought-out classroom environment can promote ongoing positive experiences that can alleviate some of the problems. Features that Head Start staff can build into the classroom include:

- Realistic expectations are critical if a child is to experience success in program activities.
- Predictable routines that are directed by a familiar and consistent staff can help to strengthen a child's self control and sense of mastery over the environment.
- Flexibility that allows a child to be moved out of an area that is too stimulating or one that is not stimulating enough (e.g., a "quiet corner" or a dress-up or kitchen area), or to remove or add materials or equipment, is important. Furthermore, a certain degree of program flexibility is critical if staff are to be able to take advantage of "teachable moments" with an individual child.
- A stable staffing pattern allows opportunities for a child to develop a trusting relationship with a special adult.
- Organized and structured transitions promote a child's understanding of changes in routine.

It is very important for staff to establish a routine within the program setting. Children depend upon an overall structure to help them organize themselves and their interactions with the environment. Within the constraints of this routine, staff need to allow time for children to be creative and to explore their surroundings, as well as make choices for themselves. As they make decisions and take responsibility for their choices, children can develop problem-solving skills as well as feelings of control within their environment. This, in turn, enhances self-esteem.

■ THE ROLE OF HEAD START STAFF

Head Start staff should be guided in their approach to promoting comprehensive child development and family support services by the *As I Am* curriculum, which focuses on the total child and provides a context for fostering self-confidence and skills for healthy living. The curriculum provides a framework for using the classroom experience to foster positive learning activities, increase autonomy and independence, and promote social skills. As they plan program activities, Head Start teaching teams and other related staff need to be aware that:

- All children have physical, emotional, social, and cognitive needs.
- Children need to develop healthy self-esteem in order to feel lovable and worthwhile.
- Each child has his or her own unique temperament and style.
- Although preschoolers are moving towards independence, they still need support from adults.

In light of these basic tenets, Head Start staff can support every child's individual development through careful observation, effective communication, and strategies for enhancing learning experiences.

Careful Observation

Ongoing observations of children's behavior, including how children learn, express feelings, and deal with difficult situations, are critical if staff members are to plan appropriately for children and their families. For instance, if a child frequently appears agitated or emotionally upset on Monday mornings, staff need to explore the potential causes of this behavior. They might begin by supporting the child in a quiet area and using discussion or puppet play to find out why the child is upset. If the child comes from a substance-abusing family, it may be the case that alcohol or other drug use is heightened over the weekend, resulting in increased family turmoil or dysfunction. In such a case, staff can then attempt to begin a dialogue with the parent about the child's behavior and its relationship to the family environment, bring up the issue of substance abuse treatment, and explore the possibility of having the child stay with a reliable non-substance-abusing family member during periods of parental substance abuse.

Further, careful observation can help staff learn about each child's individual temperament. To effectively plan activities that promote a child's overall development, staff need to become knowledgeable about each child's:

- Activity level
- Characteristic ways of responding to new situations and adaptability to changes in routine
- Sensitivity to environmental stimuli
- Intensity of response
- Attention span

Communication among staff members regarding their observations of children in the program is essential. Staff conferences are important for examining individual children's progress and program activities on an ongoing basis. By sharing information about a child's behaviors and activities, staff can develop a more complete picture of the child's overall skills, abilities, and development.

Effective Communication

All children have both positive and negative feelings. Thus, it is important for staff to encourage children to identify and talk about their feelings, and to help them learn to express different feelings in appropriate ways, both verbally and non-verbally. When children have delayed language development, props (e.g., pictures, toys, felt boards) may provide a vehicle through which they can communicate how they feel at a given time. For example, a child who has been left unattended while his or her parent is engaged in binge use of alcohol or other drugs may communicate in some way that he or she is afraid of being left alone. In such a case, staff in turn need to validate the child's communicated feelings and also pursue with family members ways of alleviating the situation.

Communication, whether verbal or non-verbal, also helps to build trust, and trusting relationships are known to positively influence future development. By listening carefully to children, acknowledging and discussing their behavior, feelings, and experiences in a non-judgmental way, staff can help make children feel worthwhile. This validation promotes the healthy self-esteem that is so critical for optimal development.

Enhancing Learning Experiences for All Children

Respect for children's cultural and family backgrounds is a cornerstone of the Head Start philosophy. Thus, whenever possible, staff need to incorporate culturally appropriate activities to enhance the learning experiences for children. Further, preschoolers often come into the Head Start program from a world that previously has been largely restricted to their immediate family environment and neighborhood. To facilitate a child's transition into a Head Start program, it is helpful for staff to determine the following:

■ What are the child's favorite toys at home, and does he or she have a play area within the home? If a caregiver tells staff members that a child has a favorite toy, for instance, staff can talk about this with the child and invite him or her to bring that toy along to school.

■ Where does the child like to go at home when he or she wants to be alone?

■ How does the caregiver help the child make transitions at home, such as getting ready for bed, preparing for trips away from home, dealing with changes in caregiving routine, and so forth?

When they know this information, staff also may begin to see ways in which they can assist caregivers in providing more enriched home environments for their children.

Strategies for Children with Special Needs

The following approaches can help to enhance learning experiences for all children enrolled in Head Start:

- Use every opportunity to build positive relationships with children.
- Consider the children's individual developmental levels.
- Create an environment where children feel safe to express their feelings, wants, and needs.
- Respond consistently to children's specific needs.
- Make contact with children throughout the day (e.g., through speech, physical contact, facial expressions).
- Provide daily opportunities for children to practice activities of daily living. Allow them to be messy and take their time.
- Provide opportunities for children to play interactively in a safe environment, with an adult available to support and encourage them.
- Provide daily opportunities for children to make small decisions and limited choices in play and/or activities of daily living.
- Make sure that rules are stated clearly.

In addition, there are several other strategies that have proven useful for enhancing learning among children who may have special needs. Some of the more common behaviors that have been observed in children who live in substance-abusing households are listed below, with accompanying ideas about how to get beyond these behaviors and foster developmental growth.

Distractibility

A child who has heightened responses to internal and external stimuli may experience problems with concentration. He or she may be easily distracted by sounds, people, and movement within the environment. To assist a child who has such difficulties, staff can do the following:

- Provide a regular and consistent classroom routine that involves as few transitions as possible.
- Reduce classroom interruptions.
- Limit the number of classroom visitors.
- Put out only as many toys as the child is able to play with at any given time. Too many toys can be overwhelming.
- Set up a "quiet corner" in the room where the child can go to calm him- or herself.

Impulsivity or Hyperactivity

Impulsive and hyperactive behaviors are demonstrated by some children who come from substance-abusing families. Such youngsters may act out their impulses or find it difficult to remain seated in a circle or at a table with other children. The following strategies may prove helpful:

- Permit the child to sit close beside an adult or in an adult's lap.
- Help the child gain control by making eye contact, providing verbal reassurance, and offering physical comfort (such as rubbing the child's back or holding him or her on an adult's lap).
- Provide a schedule of play activities and rest to help the child develop regular patterns.
- When the child is upset or has acted impulsively, remove him or her to a "quiet corner" and provide the space, time, and support needed to calm down.

Speech and Language Delays

Children whose lives are affected by abuse of alcohol and/or other drugs may experience delays in expressive and/or receptive speech and language. When there are problems with expressive communication, children may have difficulty signaling their feelings through eye contact, gestures, or vocalization. Other children may continue to articulate in an infantile manner at the preschool level. Others, unable to verbalize their needs, may express themselves through behavior such as shouting, banging, or stomping. Even children who have attained some language skills may be unable to use these skills to communicate their feelings and needs.

Children who have problems understanding language may be unable to decipher staff's cues. They may not be able to follow directions, even when these instructions are appropriate for their current developmental level. Such children also may not respond to verbal praise. In group situations, youngsters who have language and speech delays may tend to observe rather than verbally engage with their peers, or they may inappropriately initiate interaction by hitting, pushing, biting, or making negative remarks.

In order to foster the development of effective communication skills, staff can consider the following strategies:

- Respond immediately to the child's initial attempts at verbal communication.
- Before beginning to talk with a child, address him or her by name and make physical and/or eye contact.
- Model appropriate strategies for expressing needs, wants, and fears through gestures, language, communication boards, and so forth.
- Use eye contact and provide simple, one-step directions, increasing the number of steps only gradually.
- While a child is engaged in an activity, talk with him or her about that activity, describing it in a sequential way.
- Provide the names of people, animals, body parts, foods, feelings, and objects during the course of conversation.
- Use books, pictures, puppet play, and conversation to explore and help the child express a range of feelings.
- Ask questions to discover what the child needs, wants, enjoys, and fears.
- If a child seems confused about what is being said, move close and help him or her understand by explaining with single words, facial expressions, and body language and gestures.
- Encourage socially appropriate communication while setting consistent limits for inappropriate communication.

Difficulty with Task Organization and Sporadic Mastery of Tasks

Some young children who are affected by abuse of alcohol and/or other drugs have difficulty organizing and sequencing purposeful activities. Such youngsters may appear confused during play time, engaging instead in aimless wandering, or mouthing or throwing toys in a random fashion. Further, a child who has problems with task organization and processing may at any given time be unable to perform a task that he or she had previously mastered. When a child has problems in this area, staff can implement the following strategies:

- Use physical and verbal cues to direct the child in the task or activity.
- Ask the child to verbalize the steps in a task, and provide verbal cues if the child is unable to list the steps.

- Direct the child to watch another youngster who is using a successful strategy.
- Model toy choices for the child, and verbally and physically model play with those toys.
- Respond to the child verbally when he or she initiates dramatic play, or by playing with him or her.
- Model interactive play.

Problems with Attachment and Separation

Problems with attachment and separation, especially during times of transition, sometimes occur among children from substance-abusing families. Such children may find it difficult to end a preferred activity, let go of a favorite object, or transition out of Head Start. When a child is experiencing difficulty with attachment and separation, there are a number of things that staff can do:

- Provide a regular and predictable schedule of play and rest activities, allowing sufficient time for transitions.
- Routinely alert the child one or two minutes ahead of time to remind him or her that a given activity will be ending.
- Talk with the child about the next item on the schedule before entering into it, guiding him or her through the transition and into the next activity.
- Communicate with the child's caregiver to find out if there has been a family emergency, upset, change of routine, or change in the child's sleeping patterns, since such incidents can influence a child's emotional responses.
- Label emotions (e.g., say, "I'm sad," when the child is leaving) to teach him or her to identify those feelings, and then explain what is going on (e.g., say, "You'll be back tomorrow").
- During the final transition from Head Start into another community program, involve the caregiver and, ideally, staff from the new program. This not only eases the transition for the child, but also acquaints the new staff with the individual child's style of learning and feeling.

Difficulty with Developing Appropriate Social Skills

In some cases, children from substance-abusing households may have difficulty developing appropriate social skills. Within the Head Start setting, such children may not look to adults for comfort, approval, or assistance. They may go from one adult to another without indicating any preference, or they may show indiscriminate attachment and "clingy" behavior with all adults. When there is a lack of social and environmental nurturing at home, children may learn to become non-responsive in general. Such youngsters may seem listless, passive, and withdrawn. They may have difficulty joining other children in play or otherwise behave inappropriately with peers.

To help a child develop healthy social skills, at least one staff member needs to establish a relationship with him or her. The following strategies may prove useful in developing such a relationship:

- Address the child by name, elicit eye contact, and touch the child.
- Consistently recognize and praise the child's attempts and accomplishments.
- Provide the child with explicit and consistent limits of behavior.
- Provide opportunities for the child to "take turns" in interaction with both peers and adults, and model turn-taking.
- Acknowledge the child's attempts to cooperate and interact with other children.
- Talk the child through the consequences of his or her actions.
- Use stories, puppets, and role-playing to demonstrate social interactions and to develop empathy for others.
- When a child is absent, encourage the other children to think about who is missing.
- Explain that families are defined differently for each of us.
- Recognize that a child's negative behavior may be a signal of unmet needs.
- If the child shows a preference for a particular staff member, this relationship should be encouraged.

Delays in Motor Development

Some children whose lives are affected by abuse of alcohol or other drugs may have delays in motor development. They may have difficulty with gross motor skills, in which case they may walk into objects, trip or stumble without apparent cause, or have difficulty with such activities as swinging, climbing, throwing, catching, jumping, running, and balancing. When there are delays in fine motor development, children may have immature grasping skills. Such children may have difficulty manipulating objects (e.g., stacking blocks, stringing beads, cutting paper, drawing with a pencil or crayon) and may exhibit unsteady movements while engaged in these activities.

For a child who has problems with motor skills, staff can do the following:

- Model motor skills for children through songs, games, and play.
- Guide the child through motor activities that emphasize rhythm, balance, and coordination.
- Structure indoor and outdoor play activities that provide opportunities for the child to experience spatial relationships.
- Verbally remind the child of obstacles.
- Schedule tactile activities (e.g., play with water and sand, puzzles, blocks) to promote fine motor skills.

CONCLUSION

With respect to specific interventions with children, much of the material included in this chapter is not new to Head Start staff. The Head Start philosophy and the *As I Am* mental health curriculum materials can be applied effectively with substance-abusing families as well as with non-substance-abusing families. However, children from substance-abusing families may exhibit behaviors that sometimes are difficult to understand and redirect. Staff need to be aware that a well-organized, consistent, nurturing, and individualized approach can help these children to make gains in their social, emotional, intellectual, and motor development. Even though these gains may be difficult to measure in some children, experience has shown that positive environmental factors, even over a limited period of time, can provide such youngsters with a developmental head start in preparation for future developmental stages.

CONFIDENTIALITY

Head Start's guidelines for confidentiality normally prevent staff from disclosing information to other agencies without parental consent. However, there are two situations where Federal or State laws may override the Head Start grantee's guidelines.

■ All States now have mandatory child abuse reporting laws that override these confidentiality guidelines and require staff to report suspicions of child abuse to local authorities. Further, like all mandated reporters, Head Start staff members are protected from civil or criminal liability for any report made in good faith. In many States, this immunity extends to participation in judicial proceedings arising from the reports.

■ Federal regulations governing the "Confidentiality of Alcohol and Drug Abuse Patient Records," 42 CFR Part 2, impose very strict confidentiality requirements on the disclosure of conversations and other records concerning substance abuse. These requirements far exceed those of most Head Start guidelines, both in scope and requirements.

When families are involved with health care, mental health, social welfare, substance abuse treatment, and other community agencies, staff members must obtain appropriate, legally framed consents from parents to enable both communication among Head Start staff and interagency collaboration on the family's behalf.